



U.S. Department of Transportation  
Pipeline and Hazardous Materials  
Safety Administration

**MECHANICAL FITTING FAILURE REPORT FORM  
FOR CALENDAR YEAR 20\_\_\_\_  
FOR DISTRIBUTION OPERATORS**

INITIAL REPORT ☐  
SUPPLEMENTAL REPORT ☐

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 1 hour per submission, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**PART A - OPERATOR INFORMATION**

**DOT USE ONLY**

**1. NAME OF OPERATOR**

\_\_\_\_\_

**2. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER**

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**3. HEADQUARTERS NAME & ADDRESS**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City and County

\_\_\_\_\_  
State and Zip Code

**PART B - PREPARER AND AUTHORIZED SIGNATURE**

\_\_\_\_\_  
(Type or print) Preparer's Name and Title

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Preparer's email address

\_\_\_\_\_  
Area Code and Facsimile Number

Preparer's address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City and County

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Date Submitted

.....  
Authorized Alternative Reporting Submissions Only:

\_\_\_\_\_  
Name and Title of Person Signing

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Authorized Signature

**PART C – MECHANICAL FITTING FAILURE DATA – (If the data about the “Manufacturer”, “Part or Model Number”, or “Lot Number” cannot be located with reasonable effort or if the data is unknown, enter “Unavailable”; do not leave data fields blank.)**

- 1) State in Which Fitting Failed: \_\_\_\_\_
- 2) Date of Failure: \_\_\_\_\_
- 3) Specify the Mechanical Fitting Involved: ☐ Stab ☐ Nut Follower ☐ Bolted ☐ Other Compression Type Fitting \_\_\_\_\_
- 4) Specify the Type of Mechanical Fitting: ☐ Service or Main Tee ☐ Tapping Tee ☐ Transition Fitting ☐ Coupling ☐ Riser ☐ Adapter ☐ Valve ☐ Sleeve ☐ End Cap ☐ Other \_\_\_\_\_
- 5) Leak Location: ☐ Aboveground ☐ or ☐ Belowground;  
☐ Inside ☐ or ☐ Outside;  
☐ Main-to-Main ☐ or ☐ Main-to-Service ☐ or ☐ Service-to-Service ☐ or ☐ Meter Set
- 6) Year Installed: \_\_\_\_\_
- 7) Year Manufactured: \_\_\_\_\_
- 8) If Neither Year Installed or Year Manufactured is Known, Provide Decade Installed: \_\_\_\_\_
- 9) Manufacturer: \_\_\_\_\_
- 10) Part or Model Number: \_\_\_\_\_
- 11) Lot Number: \_\_\_\_\_
- 12) Other Attributes: \_\_\_\_\_
- 13) Fitting Material: ☐ Steel ☐ Plastic ☐ Combination Plastic and Steel ☐ Brass ☐ Unknown ☐ Other \_\_\_\_\_
- 14) Specify the Two Materials Being Joined:
  - a) First Pipe  
 Nominal Size: ☐ 1/4" ☐ 1/2" ☐ 3/4" ☐ 1" ☐ 1-1/4" ☐ 1-1/2" ☐ 1-3/4" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" or larger  
 Unit: ☐ IPS ☐ or ☐ CTS ☐ or ☐ NPS  
  
 Material: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other \_\_\_\_\_  
 ❖ If Plastic ⇒ Specify: ☐ Polyethylene (PE) ☐ Polyvinyl Chloride (PVC) ☐ Cross-linked Polyethylene (PEX) ☐ Polybutylene (PB) ☐ Polypropylene (PP) ☐ Acrylonitrile Butadiene Styrene (ABS) ☐ Polyamide (PA) ☐ Cellulose Acetate Butyrate (CAB) ☐ Other ⇒ Specify: \_\_\_\_\_
  - b) Second Pipe  
 Nominal Size: ☐ 1/4" ☐ 1/2" ☐ 3/4" ☐ 1" ☐ 1-1/4" ☐ 1-1/2" ☐ 1-3/4" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" or larger  
 Unit: ☐ IPS ☐ or ☐ CTS ☐ or ☐ NPS  
  
 Material: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other \_\_\_\_\_  
 ❖ If Plastic ⇒ Specify: ☐ Polyethylene (PE) ☐ Polyvinyl Chloride (PVC) ☐ Cross-linked Polyethylene (PEX) ☐ Polybutylene (PB) ☐ Polypropylene (PP) ☐ Acrylonitrile Butadiene Styrene (ABS) ☐ Polyamide (PA) ☐ Cellulose Acetate Butyrate (CAB) ☐ Other ⇒ Specify: \_\_\_\_\_
- 15) Apparent Cause of Leak:
 

<input type="radio"/> Corrosion	
<input type="radio"/> Natural Forces	Was there thermal expansion/contraction? <input type="radio"/> Yes <input type="radio"/> or <input type="radio"/> No
<input type="radio"/> Excavation Damage	Time excavation damage occurred? <input type="radio"/> At time of leak discovery <input type="radio"/> or <input type="radio"/> Previous to leak discovery
<input type="radio"/> Other Outside Force Damage	
<input type="radio"/> Material or Welds/Fusions	Was the leak due to <input type="radio"/> Material Defect <input type="radio"/> or <input type="radio"/> Design Defect
<input type="radio"/> Equipment	
<input type="radio"/> Incorrect Operation	
<input type="radio"/> Other	Explain: _____
- 16) How did the leak occur? ☐ Leaked Through Seal ☐ or ☐ Leaked Through Body ☐ or ☐ Pulled Out
- 17) Operator's Internal Mechanical Fitting Failure Tracking Number (optional): \_\_\_\_\_  
 Record Identification Number <<This number will be auto-generated by PHMSA for each submitted mechanical fitting failure report.>>